

How to Appeal a Parking Citation

The Appeal Process:

The Durham On street Parking Program has set up an administrative appeal process for individuals who believe their parking citation was issued in error.

The Administrative Appeal Process includes three Levels of Appeal:

- 1. An administrative review.
- An administrative hearing (Citation must be paid prior to scheduling a hearing).
- 3. An appeal through the Superior Court of Durham County.

All appeals begin with Central Parking System; the city of Durham's parking management company.

Mail this form and a photocopy of the citation to:

Central Parking System (919)680-2481 326 East Chapel Hill St. (919)680-2392 (Fax) Durham, NC 27701

The following are **NOT** reasons for appeal:

- Lack of knowledge of the City's parking regulations.
- Appointment conflicts or tardiness going or returning from appointments.
- Inability to find a valid parking space.

Step 1: Requesting An Administrative Review

- The form must be submitted to Central Parking System's office within 30 days of the issuance of the citation.
- A copy of your citation must be attached to the Request for Citation Dismissal Form.
- Also, include other supporting documentation, such as photocopies of the Vehicle Registration, Disabled Permit, or Permit Holder information.
- Do not send originals. Documentation will not be returned.
- Incomplete information or failure to contest the citation within the 30 days will automatically end the appeal process and the parking citation must be paid.

The findings of the Administrative Review will be mailed to you within 10 days of receipt of the Request for Citation Dismissal form.

If the results of the investigation uphold that the violation did occur, you must pay the parking citation fine **within 30 days** of the mailing of the Administrative Review notification, or file for an administrative appeal hearing.

Failure to pay the parking citation will cause the penalty to increase as noted on the citation. No late fee will be added to your fine during the appeals process.



REQUEST FOR CITATION DISMISSAL

DATE:
NAME:
ADDRESS:
TELEPHONE NUMBER:
CITATION NUMBER:
CITATION ISSUE DATE:
LICENSE TAG NUMBER:
REGISTERED OWNER OF VEHICLE:
REASON FOR REQUESTING DISMISSAL:
•
•
•
•
•
•
•

Signature (I have read the appeal process and acknowledge the reasons for appeal.)